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TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Application Number 10/774,681-Conf. #9429 Filing Date February 8, 2004 First Named Inventor Mike Ehrlich Art Unit 1631 **Examiner Name** L. A. Clow Attorney Docket Number C1159.70000US01

Total Number of Pages in This Submission ENCLOSURES (Check all that apply) x | Fee Transmittal Form After Allowance Communication Drawing(s) to TC Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC X Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Х Extension of Time Request Terminal Disclaimer Identify below): Return Receipt Postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name WOLF, GREENFIELD/& SACKS, P.C. Signature Printed name Patrick R.H. Waller Date Reg. No. November 2, 2007 41.418

Certificate of Mailing Under 37 CFR 1.8(a)

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Dated: November 2, 2007

Signature:

(Patrick R. H. Waller)

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2007)				U.S. Patent	Appr and Trade	oved for use through mark Office; U.S. DEI	06/30/2010 C)/SB/17 (10-07))MB 0651-0032 F COMMERCE	
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Fee TRANSMITTAL For FY 2008				Application Number 10/774,681-Conf. #9429					
				Filing Date February 8, 2004					
						Mike Ehrlich			
				Examiner Name L		L. A. Clow			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1		1631			
TOTAL AMOUNT OF PAYMENT (\$) 525.00				Attorney Docket i	No.	C1159.70000US01			
METHOD OF PAYMENT	(check all th	at apply)							
Check Credit Care		oney Order	None	Other (p	lease ident	ify):			
x Deposit Account Deposit						_{ne:} Wolf, Green	field & Sac	ks, P.C.	
For the above-identified	ed deposit a	ccount, the Dire	ctor is h	ereby authorize	d to: (che	eck all that apply)			
x Charge fee(s) in	dicated belo	w		Charge	fee(s) ir	ndicated below, ex	cept for th	e filing fee	
Charge any add fee(s) under 37			ents of	x Credit a	any over	payments			
FEE CALCULATION									
1. BASIC FILING, SEARCH,				2011 5552					
Application Type	Fee (\$)		Fee (\$)	RCH FEES Small Entity Fee (\$)	Fee (\$)		Fees Paid (\$)		
Utility Design	310 210	155 105	510 100	255 50	210	105			
Plant	210	105	310	30 155	130 160	65 80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	. 0	020	0			
2. EXCESS CLAIM FEES	-10	103	·	Ŭ	v	ŭ		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple dependent claims	_				_		370	185	
Total Claims				iid (\$)	Multiple Dependent Cl				
HP = highest number of total claims	paid for, if gre	ater than 20.			<u> </u>	ee (\$)	ee Paid (\$)	<u> </u>	
Indep. Claims Extra Cla	aims <u>F</u> e	e (\$)	Fee Pa	id (\$)				_	
HP = highest number of independen	nt claims paid i	or, if greater than 3							
3. APPLICATION SIZE FEE If the specification and draw		-		excluding electro	nically f	filed sequence or	computer		
listings under 37 CFR 1.5 sheets or fraction thereof.	(2(e)), the a	pplication size	fee due	is \$260 (\$130 fo					
Total Sheets Extr	<u>a Sheets</u> /	Number of		ditional 50 or frac			<u>Fee F</u>	Paid (\$)	
4. OTHER FEE(S)				-		-	Fees I	Paid (\$)	
Non-English Specification			-					1	
Other (e.g., late filing surc	harge): <u>22</u>	53 Extension t	for resp	onse within th	ird mon	th	52	5.00	
SUBMITTED BY	111	TAAA		Oppletrotion At					
Signature Pot.	12+1 L	NOVV		Registration No. Attorney/Agent)	41,418	Telephone	(617) 646	-8000	
Name (Print/Type) Patrick R.H	. Waller			·		Date	November	2, 2007	
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